

**VII. Copies of
contribution forms
from Gabbard
campaign donors**

28-44142102

Contribute to Mike!

Please include this form with a check and send to:
Friends of Gabbard, 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

ELLEN ABRAMS

Name

Address

City KAILUA State HI Zip 916734

Occupation* BREATHE EASY HAWAII Employer*

SALES REP

Phone

Cell Phone

Fax

E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$ 2000

Federal laws limit contributions to \$2,000 per election for each individual.

☒ **One time contribution** ☐ **Recurring contribution**

Contribution for: ☒ Primary Election ☐ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number	Expiration
-------------	------------

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature

***Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.**

Paid for by Friends of Gabbard

Tel: (808) 263-2888

260414210M

Please complete and fax back to: (808) 261-5331.

NAME **EMPLOYER****OCCUPATION**

ADDRESS:

CITY_

STATE HI ZIP 96814

96797

Contribution Amount (check or credit card) \$ 2,000.00

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature_____

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

Contribute to Mike!

Please include this form with a check and send to:
 Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734
 Make checks payable to: Friends of Gabbard

Name Anya Anthony PO Box 1833
 Address Kailua, HI 96734
 City Homemaker State Zip
 Occupation* Employer* n/a
 Phone Cell Phone
 Fax

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other

Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution

Contribution for: ☐ Primary Election ☐ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature [Signature]

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Paid for by Friends of Gabbard

Tel: (808) 263-2888

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME TIM ANTHONY

EMPLOYER AL BUDGET PLUMBING

OCCUPATION DISPATCHER

ADDRESS P.O. Box 1833

CITY KAILUA STATE HI ZIP 96734

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 1,200.00

Please check one: Contribution for ☒ Primary Election ☐ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

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- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
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- 5) I am at least 18 years of age.

Signature Tim Anthony

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Paid for by Mike Gabbard Congress

26044142106

28

Please complete and fax back to: (808) 261-5331.

NAME TODD APO
EMPLOYER KOOLINA COMMUNITY ASSOC.
OCCUPATION VP - CORP. OPERATIONS
ADDRESS _____
CITY KAPOLEI STATE HI ZIP 96707

Contribution Amount (check or credit card) \$ 1,000.00

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Todd Apo

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Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

2604142107

Contribute to Mike!

FROM :

Please include this form with a check and send to:
 Friends of Gabbard, 305 Hawaii Street #163 Kailua, HI 96734
 Make checks payable to: Friends of Gabbard

Name Richard Bellard

Address Reno NV 89509

Occupation Consultant Self Employer

Phone Cell Phone

Fax E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other 4,000.00
 Federal law limits contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (if less than \$2,000
 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

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- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature 

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Paid for by Friends of Gabbard

Tel: (808) 283-2888

FAX NO. : 8082614744

Sep. 16 2004 05:55PM P1

Contribute to Mike!

Please include this form with a check and send to:

Friends of Gabbard, 305 Hehant Street #153 Kailua, HI 96734

Make checks payable to: Friends of Gabbard

Name Sarah Bellord

Address Kono State NV Zip 89509

City Honolulu Occupation Homemaker Employer

Phone Cell Phone

Fax E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other 4000.00

Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (if less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

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- 5) I am at least 18 years of age.

x Sarah Bellord
Signature

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Paid for by Friends of Gabbard

Tak (808) 263-2886

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Mahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME John Bishop

EMPLOYER Self

OCCUPATION Photographer - Videographer

ADDRESS P O Box 4145

CITY Kaneohe STATE HI ZIP 96744

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 665.00

Please check one: Contribution for ☒ Primary Election ☐ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature John Bishop

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

26044142110

Contribute to Mike!

Please include this form with a check and send to:
 Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734
 Make checks payable to: Friends of Gabbard

Name Christine Bond
 Address Po Box 430
Kailua HI 96734
 City State Zip
 Occupation* Home Maker Employer* _____
 Phone _____ Cell Phone _____
 Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other \$2200

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000
 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Christine Bond
 Signature

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Paid for by Friends of Gabbard

Tel: (808) 263-2888

Contribute to Mike!

Please include this form with a check and send to:
 Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
 Make checks payable to: Friends of Gabbard

Name Michael Bond
 Address P.O. Box 430
 City Kailua State HI Zip 96734
 Occupation* Graphic Designer Employer Self-Employed
 Phone _____ Cell Phone _____
 Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other \$2200

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

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- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.


 Signature

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Paid for by Friends of Gabbard

Tel: (808) 263-2888

Contribute to Mike!

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Name TERRY BOSGRA
Address HONOLULU HI 96825
City RETIRE State HI Zip 96825
Occupation* RETIRE Employer* ---
Phone --- Cell Phone ---
Fax --- E-mail ---

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other ---

Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution

Contribution for: ☐ Primary Election ☐ General Election (If less than \$2,000
please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- ① I am a United States citizen or a permanent resident alien.
- ② I am making this contribution from my own funds, and not those of another.
- ③ I am not a federal contractor.
- ④ I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- ⑤ I am at least 18 years of age.

[Signature]
Signature

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Paid for by Friends of Gabbard

Tel: (808) 263-2888

260-142113

Contribute to Mike!

35

Please include this form with a check and send to:
 Friends of Gabbard 305 Hahani Street #183 Kailua, HI 96734
 Make checks payable to: Friends of Gabbard

Name **RONALD BOYER**
 Address **P.O. BOX 61748**
 City **Honolulu** State **HI** Zip **96839**
 Occupation **SENIOR ADJUSN** Employer **Honolulu City Council**
 Phone **.. ..** Cell Phone
 Fax **.. ..** E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other **\$2,000**

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☐ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

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- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.


 Signature

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Paid for by Friends of Gabbard

Tel: (808) 263-2888

260-142114

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Devin Bull

EMPLOYER Self Employed

OCCUPATION DA Bull LLC / Manufacturing + Distribution

ADDRESS

CITY Honolulu STATE HI ZIP 96813

HOME PHONE _____

OFFICE PHONE Same

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 3,600

Please check one: Contribution for ☒ Primary Election ☐ General Election

(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: Check Visa Mastercard Amex Discover

Credit Card Number _____

Expires ____ month ____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature [Signature]

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

260-142115

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME K. D. Bull

EMPLOYER Self / D.A. Bull

OCCUPATION Manufacturing / Distribution

ADDRESS _____

CITY Honolulu STATE HI ZIP 9683

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 4,000

Please check one: Contribution for ☒ Primary Election ☐ General Election

(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: Check Visa Mastercard Amex Discover

*Credit Card Number _____

Expires ____ month ____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature K. D. Bull

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Paid for by Mike Gabbard Congress

Please print and fax this page to: 808-261 5331

Gabbard for Congress 305 Hahani Street #183 Kailua, HI 96734

NAME WALTER M. CARDINET
EMPLOYER SELF
OCCUPATION INSURANCE & INVESTMENTS

ADDRESS

CITY SAN JOSE STATE CA ZIP 95112

HOME PHONE

OFFICE PHONE (408) 487-9900, x-260

FAX (408) 487-9901 EMAIL

Contribution Amount (check or credit card) \$ 1,000.00 & \$ 2,000

Circle Payment type

☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number

Expires month year

Signature Walter M. Cardinet

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
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Signature Walter M. Cardinet

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Paid for by Gabbard for Congress

26040142117

Please print and fax this page to: 808-261 5331

39

NAME Katherine R. Carino
EMPLOYER _____
OCCUPATION retired
ADDRESS _____
CITY San Francisco STATE CA ZIP 94112
HOME PHONE _____
OFFICE PHONE _____
FAX _____ EMAIL _____

Contribution Amount (check or credit card) \$ _____

Circle Payment type

Check Visa Mastercard Amex Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Katherine R. Carino

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Paid for by Gabbard for Congress

2604142118

Contribute to Mike!

40

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Name Phineas Casady
Address Hau'ula HI 96717
City Hau'ula State Zip
Occupation retiree Employer
Phone Cell Phone
Fax E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other 1,000.00

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☐ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

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Signature [Signature]

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Paid for by Friends of Gabbard

Tel: (808) 263-2888

2604142119

Please complete and fax back to: (808) 261-5331

NAME Edward Cervantes
EMPLOYER Vertis Inc
OCCUPATION Customer Service Rep.
ADDRESS _____
CITY Aliso Viejo STATE CA ZIP 92656

Contribution Amount (check or credit card) \$ 4000.00

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
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Signature [Signature]

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Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

250342120

42

Contribute to Mike!

Please include this form with a check and send to:
 Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
 Make checks payable to: Friends of Gabbard

EILEEN CERVANTES

Name

Address

ALISO VIEJO

CA

92656

City

State

Zip

Occupation*

Employer*

Phone

Cell Phone

Fax

E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$4000

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Eileen A. Bishop - CST

Signature

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

2604142121

Contribute to Mike!

43

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734
Make checks payable to: Friends of Gabbard

SARAH CHANDLEY

Name PO BOX 4627
Address HONOLULU HI 96817
City HOUSEKEEPER State HI Zip 96817
Occupation* SELF Employer* SELF
Phone _____ Cell Phone _____
Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☒ \$250 ☐ Other _____

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☐ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Sarah Chandley
Signature

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

2604 42122

44

Please Print and send this page with a check via US mail to:

Friends of Gabbard
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Friends of Gabbard

NAME Patricia Compton

EMPLOYER MedWare, Inc.

OCCUPATION medical transcriptionist

ADDRESS _____

CITY Clarkdale STATE AZ ZIP 86324

HOME PHONE _____

OFFICE PHONE N/a

FAX (928) 634-0854 EMAIL _____

Contribution Amount (check or credit card) \$ 4000 -

Contribution for ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election) Circle Payment type _____

☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Patricia Compton

Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

2604142123

Contribute to Mike!

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Name Romeo Cordeiro
Address PO BOX 240452
Honolulu HI 96824
City Acupuncturist State Self-Employed Zip
Occupation* Employer*
Phone _____ Cell Phone _____
Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$1,000.00

Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000
please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Romeo Cordeiro
Signature

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

26044142124

Contribute to Mike!

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Name Vanessa Cordeiro
Address P.O. Box 240452
City Honolulu State Hi Zip 96824
Occupation* Massage Therapist Employer* P.T. Hawaii
Phone _____ Cell Phone _____
Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$2160

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number _____

Expiration _____

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Vanessa Cordeiro

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

26044142125

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Gulab Cumbis

EMPLOYER Self-Employed

OCCUPATION Jewelry Designer

ADDRESS

CITY Keanu STATE HI ZIP 96749

HOME PHONE

OFFICE PHONE

FAX

EMAIL

Contribution Amount (check or credit card) \$ 2,000.00

Please check one: Contribution for Primary Election General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: Check Visa Mastercard Amex Discover

Credit Card Number

Expires month year

Signature

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Gulab Cumbis

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

2604 142126

Contribute to Mike!

48

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Name Theo Coumbis
Address P.O. Box 1979
City Kailua HI State HI Zip 96734
Occupation* Acting Coach Employer* _____
Phone _____ Cell Phone _____
Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other \$1,000

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☐ Primary Election ☐ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Theo Coumbis
Signature

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

2604 42127

Contribute to Mike!

Please include this form with a check and send to:
 Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
 Make checks payable to: Friends of Gabbard

Name Bill + Kelly Davis
 Address _____
 City Molokai State IL Zip 61265
 Occupation* self employed Employer* _____
 Phone 309 764-2823 Cell Phone _____
 Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other 3,000 total

Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000
 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number _____ Expiration _____

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Kelly Davis
 Signature



*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

Nov 10 04 10:40a

p. 1

50

Please complete and fax back to: (808) 261-5331.

NAME

Nancy Epperson

EMPLOYER

Self

OCCUPATION

Broadcaster

ADDRESS

CITY Winston-Salem STATE NC ZIP 27104

Contribution Amount (check or credit card) \$ 1,000

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature

Nancy Epperson

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

2604 42129

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Sandy Fergusson

EMPLOYER BIZCON CONSULTING

OCCUPATION BOOKKEEPER

ADDRESS _____

CITY Kailua STATE HI ZIP 96734

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 500.00

Please check one: Contribution for ☐ Primary Election ☐ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature [Signature]

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

260.4 142130

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P. 1

52

Please complete and fax back to: (808) 261-5331.

NAME CHRISTINE CAMP FRIEDMAN
EMPLOYER Avalon Development Co.
OCCUPATION Real Estate
ADDRESS _____
CITY Honolulu STATE HI ZIP 96813

Contribution Amount (check or credit card) \$ 1000

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Christine Camp Friedman

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

2607 142131

Send this page to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

NAME FOSTER Friess
EMPLOYER Friess Assoc
OCCUPATION Chairman
ADDRESS PO Box 9790
CITY JACKSON STATE WY ZIP 83002
HOME PHONE _____
OFFICE PHONE (307) 739-9699
FAX (307) 734-1971

EMAIL _____

Contribution Amount (check or credit card) \$ _____

Please check one: Contribution for ☒ Primary Election ☐ General Election

(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature Foster Friess

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Foster Friess

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

53

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54

Please print and fax this page to 808-261 5331

Gabbard for Congress 305 Hahani Street #183 Kailua, HI 96734

NAME Carol GabbardEMPLOYER self employed

OCCUPATION _____

ADDRESS P.O. Box 75457CITY Kapolei STATE HI ZIP 96707

HOME PHONE _____

OFFICE PHONE 808 375-5188

FAX _____ EMAIL _____

Contribution Amount (check or credit card) \$ _____

Circle Payment type

Check Visa Mastercard Amex Discover

Credit Card Number _____

Expires _____ month _____ year

Signature Carol P. Gabbard

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Carol P. Gabbard

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

Paid for by Gabbard for Congress

2604 142133

55

Please print and fax this page to: 808-261 5331

Gabbard for Congress 305 Hahani Street #183 Kailua, HI 96734

NAME BLAKEN GABBARDEMPLOYER HOLIDAY PHOTOOCCUPATION STORE MGR

ADDRESS _____

CITY SAN FRANCISCO STATE CA ZIP 94112

HOME PHONE _____

OFFICE PHONE 415 885-2417FAX 415 885-2461 EMAIL _____Contribution Amount (check or credit card) \$ 1000

Circle Payment type

☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature Blaken Gabbard

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Blaken Gabbard

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

Paid for by Gabbard for Congress

26041142134

56

Please print and fax this page to: 808-261 5331

Gabbard for Congress 305 Hahani Street #183 Kailua, HI 96734

NAME Mike Gabbard
EMPLOYER City & County of Honolulu
OCCUPATION City Councilman
ADDRESS P.O. Box 75457
CITY Kapolei STATE HI ZIP 96707
HOME PHONE _____
OFFICE PHONE 741-9415

FAX _____ EMAIL _____

Contribution Amount (check or credit card) \$ _____

Circle Payment type

Check Visa Mastercard Amex Discover

Credit Card Number _____

Expires _____ month _____ year

Signature Mike Gabbard

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Mike Gabbard

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.
Paid for by Gabbard for Congress

260 142135

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME LYDIA GLEASON

EMPLOYER Research Center of Hawaii

OCCUPATION Care Giver

ADDRESS

CITY Honolulu STATE HI ZIP 96813

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 1600

Please check one: Contribution for ☒ Primary Election ☐ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

*Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Lydia Gleason

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

260 142136

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kaliua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Rasika D. Gleason

EMPLOYER Castle Medical Ctr.

OCCUPATION Fitness Instructor

ADDRESS _____

CITY Honolulu STATE HI ZIP 96813

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 1,250

Please check one: Contribution for ☒ Primary Election ☐ General Election

(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Rasika D. Gleason

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

26041142137

Contribute to Mike!

59

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Name CHRIS HARVEY

Address KAILUA State HI Zip 96734

Occupation* _____ Employer* _____

Phone _____ Cell Phone _____

Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other _____

Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution

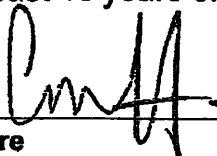
Contribution for: ☐ Primary Election ☐ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number _____ Expiration _____

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature 

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

2604142138

Contribute to Mike!

60

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Name JOSH HARVEY

Address CARMICHAEL CA 95608

City Wholesale Marketing State Oh Zip My Gosh

Occupation* Wholesale Marketing Employer* Oh My Gosh

Phone _____ Cell Phone _____

Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$4000

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature [Signature]

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

2604 42139

Contribute to Mike!

61

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

MICHAEL HARVEY
Name
PO BOX 5884
Address
HILO HI 96720
City State Zip
Sole Proprietor Healing Nani
Occupation* Employer*
Phone Car Phone
Fax E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$ 4000

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.


Signature

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Paid for by Friends of Gabbard

Tel: (808) 263-2888

26044142140

Contribute to Mike!

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

REGAN HATCH
Name
KAILUA HI 96734
Address City State Zip
Occupation* Employer*
(808) 291-5994
Phone Cell Phone
Fax E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$1000 +
Federal laws limit contributions to \$2,000 per election for each individual. \$1,000
☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☐ General Election (If less than \$2,000
please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

x Regan Hatch
Signature

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Paid for by Friends of Gabbard

Tel: (808) 263-2888

Please include this form with a check and send to:

Friends of Gabbard, 305 Hahani Street #183 Kailua, HI 96734

Make checks payable to: Friends of Gabbard

Name Mary Hiller

Address Kailua HI State 96734 Zip

City Home maker Occupation*

Employer*

Phone

Cell Phone

Fax

E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$ 700.00
Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution

Contribution for: ☐ Primary Election ☐ General Election (if less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Mary Hiller Signature

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Paid for by Friends of Gabbard

Tel: (808) 263-2888

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

ed
OCC 64

Name Nike Hinchey
Address Honolulu HI 96822
City Self-Employed State HI Zip 96822
Occupation Transportational Services
Employer
Phone
Cell Phone
E-mail

Amount of Contribution:
\$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other 1,000.00
Federal laws limit contributions to \$2,000 per election for each individual.
☒ One time contribution ☐ Recurring contribution
Contribution for: ☒ Primary Election ☐ General Election (If less than \$2,000
please check primary election. If over \$2,000 check both primary and general)
Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number Expiration

I affirm that the following statements are true and accurate:

- I am a United States citizen or a permanent resident alien.
- I am making this contribution from my own funds, and not those of another.
- I am not a federal contractor.
- I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- I am at least 18 years of age.

Signature

Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Allison Hoen

EMPLOYER SELF EMPLOYED

OCCUPATION HOUSE KEEPER

ADDRESS PO BOX 1916

CITY KAILUA STATE HI ZIP 96734

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 2,805.00

Please check one: Contribution for ☒ Primary Election ☒ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires ____ month ____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Allison Hoen

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes

Paid for by Mike Gabbard Congress

26044142144

66

Please complete and fax back to: (808) 261-5331.

NAME STEVE HOLCK
EMPLOYER AUTO ACRES
OCCUPATION MGR
ADDRESS _____
CITY Hapoei STATE HI ZIP 96707

Contribution Amount (check or credit card) \$ _____

I confirm that the following statements are true and accurate:

- ✓ 1) I am a United States citizen or a permanent resident alien.
- ✓ 2) I am making this contribution from my own funds, and not those of another.
- ✓ 3) I am not a federal contractor.
- ✓ 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- ✓ 5) I am at least 18 years of age.

Signature _____

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

260 142145

67

**Please Return to Mike Gabbard's Campaign
fax line at**

261-5331

Contribute to Mike!

Please include this form with a check and send to:
Friends of Gabbard, 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Name Tosh Hosoda
Address Kailua HI 96734
City Urban Planner State HI Zip 96734
Occupation Gentry Homes, Ltd. Employer (808) 479-9627
Phone (808) 599-8380 Cell Phone
Fax

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$1,000

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☐ Primary Election ☒ General Election (If less than \$2,000
please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☐ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Tosh Hosoda
Signature

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

26041142146

68

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME GREG JOHNSON

EMPLOYER SELF

OCCUPATION Farmer

ADDRESS P.O. Box 1417

CITY Pahoa STATE HI ZIP 96778

HOME PHONE _____

OFFICE PHONE Same

FAX NONE

EMAIL NONE

Contribution Amount (check or credit card) \$ 1,000

Please check one: Contribution for Primary Election ☒ General Election

(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: Check Visa Mastercard Amex Discover

Credit Card Number _____

Expires _____ month _____ year

Signature Greg Johnson

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Greg Johnson

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

26041142147

Charles Jones

(Campaign still waiting to receive
contribution form.)

26044142148

Kim Kandels

(Campaign still waiting to receive
contribution form.)

26044142149

Contribute to Mike!

Please include this form with a check and send to:
 Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
 Make checks payable to: Friends of Gabbard

M. M. KENNEDY
 Name

KAPOLEI HI 96707
 Address City State Zip

RETIRED
 Occupation* 674-8726 Employer*

Phone Cell Phone

Fax E-mail

Amount of Contribution:
☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other \$800
 Federal laws limit contributions to \$2,000 per election for each individual.
☐ One time contribution ☒ Recurring contribution

Contribution for: ☐ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)
Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number Expiration

- ☒ I confirm that the following statements are true and accurate:
- 1) I am a United States citizen or a permanent resident alien.
 - 2) I am making this contribution from my own funds, and not those of another.
 - 3) I am not a federal contractor.
 - 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
 - 5) I am at least 18 years of age

[Signature]
 Signature

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Paid for by Friends of Gabbard Tel: (808) 263-2888

26041142150

Send this page to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

NAME Shalie Kibler
EMPLOYER Self employed
OCCUPATION Photographer
ADDRESS PO Box 1916
CITY Kailua STATE HI ZIP 96734
HOME PHONE _____
OFFICE PHONE Same
FAX _____

EMAIL _____
Contribution Amount (check or credit card) \$ 4600.00
Please check one: Contribution for ☒ Primary Election ☒ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Shalie Kibler 3-15-04

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

73

Mar 18 04 09:14p



p. 1

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Mahalo Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Donna LayEMPLOYER PHOENIX NEWSPAPERSOCCUPATION INDEPENDENT CONTRACTOR

ADDRESS

CITY CORNVILLE STATE AZ ZIP 86325

HOME PHONE

OFFICE PHONE

FAX

EMAIL

Contribution Amount (check or credit card) \$ 650.00

Please check one: Contribution for ☒ Primary Election ☐ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number

Expires ___ month ___ year

Signature

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Signature Donna Lay

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Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

Fax back to

26041142152

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Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Carol Lent

EMPLOYER RESEARCH CENTER HAWAII

OCCUPATION PERSONAL ASSISTANT

ADDRESS

CITY HONOLULU STATE HI ZIP 96822

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 425.00

Please check one: Contribution for ☒ Primary Election ☐ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Signature Carol Lent

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

26044142153

Contribute to Mike!

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734

Make checks payable to: Friends of Gabbard

Name KENT R. LILIANA

Address _____

City KAILUA, HI State _____ Zip 96734

Occupation* ALPHARESTR Employer* KOMACA AULI FARMS

Phone _____ Cell Phone _____

Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other 4000

Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number _____ Expiration _____

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

[Signature]
Signature

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Paid for by Friends of Gabbard

Tel: (808) 263-2888

2604142154

76

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Celine LoganEMPLOYER SELF EMPLOYEDOCCUPATION SALES / STOCKS / RENTALS

ADDRESS _____

CITY KAILUA STATE HI ZIP 96734

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 2200.00Please check one: Contribution for ☒ Primary Election ☒ General Election

(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: Check Visa Mastercard Amex Discover

Credit Card Number _____

Expires _____ month _____ year

Signature Celine Logan

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Celine Logan

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Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

26041142155

Contribute to Mike!

77

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Name AMANDA LOWTHER
Address _____
City KAILUA State HI Zip 96734
Occupation* Mother Employer* _____
Phone _____ Cell Phone _____
Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other 2,000

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☐ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number _____ Expiration _____

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Amanda Lowther
Signature

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Paid for by Friends of Gabbard

Tel: (808) 263-2888

2604142156

78

Name RICHARD LOWTHER

Tel: (808) 263-2888

2006-07-28

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME C. L. McGuire

EMPLOYER self-employed

OCCUPATION secretarial services

ADDRESS

CITY Kaun STATE HI ZIP 96749

HOME PHONE

OFFICE PHONE same

FAX same

EMAIL

Contribution Amount (check or credit card) \$ 3,000.00

Please check one: Contribution for ☒ Primary Election ☒ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number

Expires month year

Signature

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature C. L. McGuire

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Paid for by Mike Gabbard Congress

26041142158

Sep 15 04 2:46p

Chris na Bond

808-262-146

P.2

Mar 18 04 08:14p

889-7528

P.i

80

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hawaii Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME James F McGuireEMPLOYER Retired

OCCUPATION _____

ADDRESS _____

CITY Seagau STATE HI ZIP 96749

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 2,000.00Please check one: Contribution for Primary Election General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Signature James F McGuire

Federal election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

26041142159

Send this page to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

NAME Ronna McGuire

EMPLOYER Retired

OCCUPATION _____

ADDRESS _____

CITY Kaau STATE HI ZIP 96749

HOME PHONE _____

OFFICE PHONE (808) 640-6471

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 1,000.00 + \$2,000.00

Please check one: Contribution for ☒ Primary Election ☐ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Signature Ronna McGuire

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

82

Please complete and fax back to: (808) 261-5331.

NAME Francis Martin
EMPLOYER TSR
OCCUPATION Manager
ADDRESS _____
CITY Honolulu STATE Hi ZIP 96813

Contribution Amount (check or credit card) \$ 1400.00

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature 

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

26044142161

Contribute to Mike!

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734

Make checks payable to: Friends of Gabbard

Name: Andy Meritz
Address: PO Box 10730
City: Honolulu State: HI Zip: 96816
Occupation*: Self Employed Swimming Pool Tech. Employer: Andy's Pool Service Corp.
Phone: 394-0303 Cell Phone: _____
Fax: _____ E-mail: _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other 1,200.00

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☐ Primary Election ☒ General Election (If less than \$2,000

please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

26041142162

Contribute to Make!

84

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Name CHIMIN MUNCIE
Address PO BOX 2004
City KAILUA State HI Zip 96734
Occupation* Home maker Employer* _____
Phone _____ Cell Phone _____
Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$4,000

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

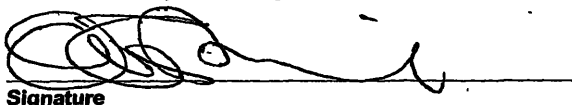
Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.


Signature

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

26044142163

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Larry Olsen

EMPLOYER Self

OCCUPATION freelance photographer

ADDRESS _____

CITY Kailua STATE Hi ZIP 96734

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 2,000.00

Please check one: Contribution for ☒ Primary Election ☐ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ D'scover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Signature Larry Olsen

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes

Paid for by Mike Gabbard Congress

2604 142164

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Stephen Osborne

EMPLOYER Self-employed

OCCUPATION Carpenter

ADDRESS P.O. Box 1325

CITY Pahoa STATE Hi ZIP 96778

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 3,000.00

Please check one: Contribution for ☒ Primary Election ☒ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Signature Stephen Osborne

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

26044142165

Contribute to Mike!

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Name E.J. O'Shaughnessy

Address Honolulu HI 96822
City State Zip

Occupation* Retired Employer*

Phone Cell Phone

Fax E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☒ \$50 ☐ \$100 ☐ \$250 ☐ Other _____

Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☒ Recurring contribution *original contributions* *This contribution*

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age. (Really, 82)

Signature E.J. O'Shaughnessy

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

26044142166

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Mary Papish

EMPLOYER _____

OCCUPATION Retired

ADDRESS _____

CITY Kailua STATE HI ZIP 96734

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 300.00

Please check one: Contribution for Primary Election General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: Check Visa Mastercard Amex Discover

Credit Card Number _____

Expires ____ month ____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Mary Papish

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

26044142167

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Sudama Ranson

EMPLOYER SELF EMPLOYED

OCCUPATION LANDSCAPER

ADDRESS _____

CITY Makawao STATE Hi ZIP 96768

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 2000.00

Please check one: Contribution for ☒ Primary Election ☐ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires ____ month ____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature [Signature]

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

2604142168

Send this page to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

NAME Alison Riggs
EMPLOYER City + County of Honolulu
OCCUPATION Legislative Aide
ADDRESS P.O. Box 3529
CITY Honolulu STATE HI ZIP 96811
HOME PHONE _____
OFFICE PHONE 527-6810
FAX _____
EMAIL _____

Contribution Amount (check or credit card) \$ 4,000

Please check one: Contribution for ☒ Primary Election ☒ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature Alison E Riggs

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Alison E Riggs

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

Send this page to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

NAME Robert Riggs, Jr.

EMPLOYER City & County of Honolulu

OCCUPATION research analyst

ADDRESS P.O. Box 3529

CITY Honolulu STATE HI ZIP

HOME PHONE

OFFICE PHONE 808-527-5816

FAX

EMAIL

Contribution Amount (check or credit card) \$

Please check one: Contribution for ☒ Primary Election ☒ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number

Expires month year

Signature

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

26041142170

92

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME John Rogers

EMPLOYER A Special Moment

OCCUPATION Photographer

ADDRESS _____

CITY Honolulu STATE HI ZIP 96826

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ _____

Please check one: Contribution for Primary Election General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: Check Visa Mastercard Amex Discover

*Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Signature John Rogers

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

260 142171

93

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahanl Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME RAHUL S ROUBINE JR

EMPLOYER SONO CONSTRUCTION CO

OCCUPATION CONTRACTOR

ADDRESS P.O. Box 6705

CITY Hilo STATE HI ZIP 96720

HOME PHONE _____

OFFICE PHONE (808) 640-1563

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 4,000

Please check one: Contribution for ☒ Primary Election ☒ General Election

(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: Check Visa Mastercard Amex Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Ralph S Roubine Jr

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

2604142172

94

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Fredrick Sands

EMPLOYER C + S Marketing

OCCUPATION Computer Programmer

ADDRESS _____

CITY Sacramento STATE CA ZIP 95818

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 4000.00

Please check one: Contribution for ☒ Primary Election ☒ General Election

(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires ____ month ____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Signature Fredrick Sands

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

2604142173

95

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress
NAME Suzanne Sands

EMPLOYER _____

OCCUPATION Homemaker

ADDRESS _____

CITY Sacramento STATE CA ZIP 95818

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 4,000.00

Please check one: Contribution for ☒ Primary Election ☒ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires ____ month ____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Signature [Signature]

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

2604142174

Andrew Santoro

(Campaign still waiting to receive
contribution form.)

26044142175

Please complete and fax back to: (808) 261-5331.

NAME Harry Saunders
EMPLOYER Castle & Cooke Hawaii
OCCUPATION President
ADDRESS _____
CITY Mililani STATE HI ZIP 96789

Contribution Amount (check or credit card) \$ 1,000.

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature [Signature]

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

98

Please Print and send this page with a check via US mail to:

Friends of Gabbard
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Friends of Gabbard

NAME Aaron Sherer
EMPLOYER Shingle Springs Nissan-Subaru
OCCUPATION Sales
ADDRESS _____
CITY Placerville STATE CA ZIP 95667
HOME PHONE _____
OFFICE PHONE _____
FAX _____ EMAIL _____

Contribution Amount (check or credit card) \$ 4000⁰⁰

Contribution for ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election) Circle Payment type

☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature _____

Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

2604142177

99

Send this page to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

NAME Diana Sherer

EMPLOYER Self-employed

OCCUPATION Translator

ADDRESS _____

CITY Piscerville STATE CA ZIP 95667

HOME PHONE _____

OFFICE PHONE _____

FAX 530-647-8340

EMAIL _____

Contribution Amount (check or credit card) \$ 1000.-

Please check one: Contribution for ☒ Primary Election ☐ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Diana Sherer

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

2604142178

Contribute to Mike!

Please include this form with a check and send to:
 Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
 Make checks payable to: Friends of Gabbard

Name Albert Shigemura

Address Honolulu HI 96825

City PVT Landfill State Operator Zip

Occupation* Employer*

Phone Cell Phone

Fax E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$4,000

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

Carl Simons

(Campaign still waiting to receive
contribution form.)

26044142180

Contribute to Make!

102

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Name ANDY SMITH
Address PO BOX 10929
City HILLO State HI Zip 96721
Occupation* Governor's Liaison Employer* State of Hawaii
Phone _____ Cell Phone _____
Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$2,000.00

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☐ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds. and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Andy Smith
Signature

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes

Paid for by Friends of Gabbard

Tel: (808) 263-2888

26044142181

Michael Sober

(Campaign still waiting to receive
contribution form.)

26044142182

Nov 08 04 01:53p
Nov 08 04 01:43p

Joyce and Jesse Spencer

808-879-7790

P. 1

P. 1

104

Please complete and fax back to: (808) 261-5331.

NAME Jesse E. Spencer
EMPLOYER Spencer Homes
OCCUPATION Contractor
ADDRESS _____
CITY Kihei STATE Hi. ZIP 96753

Contribution Amount (check or credit card) \$ _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature _____

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

2604 142183

Contribute to Mike!

Please include this form with a check and send to:
 Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734
 Make checks payable to: Friends of Gabbard

Name Joyce Spencer

Address P.O. Box 97

City Kihei State HI Zip 96753

Occupation* Home maker Employer*

Phone Cell Phone

Fax E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$4,000

Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Joyce Spencer
 Signature

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

26044142184

Please include this form with a check and send to:

Friends of Gabbard, 305 Hahani Street #183Kailua, HI 96734

Make checks payable to: Friends of Gabbard

Name Mark Stewart

Name

Address

Stechekin

WA 98852

City

Stewart Investigations

State

Zip

Private Investigator

Occupation*

Employer*

Phone

Cell Phone

Fax

E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other \$1,000.00

Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☐ General Election (if less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Signature

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Paid for by Friends of Gabbard

Tel: (808) 263-2888

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Marlene Steward

EMPLOYER Oh My God

OCCUPATION Wholesale Manager

ADDRESS _____

CITY Kailua STATE HI ZIP 96734

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 1200.00

Please check one: Contribution for ☒ Primary Election ☐ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Signature Marlene Steward

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

26044142186

Jeffrey Stone.

(Campaign still waiting to receive
contribution form.)

26044142187

Contribute to Mike!

109

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Name Eduardo Tumayo
Address PO Box 2231
City Ewa Beach HI State HI Zip 96706
Occupation Graphic Artist Employer Self Employed
Phone _____ Cell Phone _____
Fax _____ E-mail _____

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other \$200.00

Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☐ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature 

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

26044142188

110

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Steve Talander

EMPLOYER HEALTHY'S TUC

OCCUPATION MANAGER - RETAIL

ADDRESS _____

CITY KAILUA STATE HI ZIP 96734

HOME PHONE _____

OFFICE PHONE 488-1375

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 275.00

Please check one: Contribution for Primary Election General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: Check Visa Mastercard Amex Discover

*Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature [Signature]

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

2604142189

Please print and fax this page to: 808-261 5331

Gabbard for Congress 305 Hahani Street #183 Kailua, HI 96734

NAME Tulasi Gabbard Tamayo
EMPLOYER State of Hawaii
OCCUPATION State legislator
ADDRESS P.O. Box 2237
CITY Ewa Beach STATE HI ZIP 96706
HOME PHONE _____
OFFICE PHONE _____
FAX _____ EMAIL _____

Contribution Amount (check or credit card) \$ _____

Circle Payment type

Check Visa Mastercard Amex Discover

Credit Card Number _____

Expires _____ month _____ year

Signature Tulasi Gabbard Tamayo

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Tulasi Gabbard Tamayo

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.
Paid for by Gabbard for Congress

26021142190

112

Please complete and fax back to. (808) 261-5331.

NAME Pam Taylor
EMPLOYER Tact Taylor's Healthy Homes
OCCUPATION Interior Designer
ADDRESS
CITY S. Wardsboro STATE VT ZIP 05355

Contribution Amount (check or credit card) \$ 1,000

I confirm that the following statements are true and accurate

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else
- 5) I am at least 18 years of age.

Signature Pam Taylor

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act

Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

2604142191

Contribute to Mike!

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

113

Chintamani Titcomb

Address

Kailua

HI 96734

City

Self Employed

State

Zip

Employer

478-4919

Cell Phone

Phone

Fax

E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other \$2,000.00

Federal laws limit contributions to \$2,000 per election for each individual.

☒ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☐ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Chintamani Titcomb

Signature

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

26041142192

114

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to Mike Gabbard Congress

NAME James T. Comb

EMPLOYER City + County of Honolulu

OCCUPATION Fireman

ADDRESS _____

CITY Kailua STATE HI ZIP 96734

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 2,000.00

Please check one: Contribution for ☒ Primary Election ☐ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Signature James T. Comb

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

2604142193

115

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make check payable to: Mike Gabbard Congress

NAME Nimal Titomb

EMPLOYER self employed

OCCUPATION Beet operator

ADDRESS _____

CITY _____ STATE Hi ZIP 96734

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 500.00

Please check one: Contribution for ☒ Primary Election ☐ General Election

(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Nimal Titomb

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

26044142194

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Teresa Titcomb

EMPLOYER Nomi Connection Inc.

OCCUPATION Vice President.

ADDRESS

CITY Kailua STATE HI ZIP 96734

HOME PHONE

OFFICE PHONE

FAX

EMAIL

Contribution Amount (check or credit card) \$ 4000.00

Please check one: Contribution for Primary Election General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: Check Visa Mastercard Amex Discover

Credit Card Number

Expires month year

Signature

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Teresa Titcomb

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

2600 142195

NAME Joe A. TullyEMPLOYER True World Foods (thru October 31, 2004)OCCUPATION Director of Special Projects

ADDRESS _____

CITY Honolulu STATE HI ZIP 96738

Contribution Amount (check or credit card) \$2,000.00

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature  _____

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

26041142196

118

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Karen Victor

EMPLOYER Healthys Inc

OCCUPATION Manager

ADDRESS _____

CITY Honolulu STATE Hi ZIP 96822

HOME PHONE _____

OFFICE PHONE _____

FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 1,000.00

Please check one: Contribution for Primary Election General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: Check Visa Mastercard Amex Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

X Signature Karen M. Victor

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

26041142197

Send this page with a check check via US mail to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress

NAME Allyson Weinberg

EMPLOYER —

OCCUPATION —

ADDRESS —

CITY Camarillo STATE CA ZIP 93012

HOME PHONE —

OFFICE PHONE —

FAX —

EMAIL —

Contribution Amount (check or credit card) \$ 2,000.00

Please check one: Contribution for ☒ Primary Election ☐ General Election

If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: Check Visa Mastercard Amex Discover

Credit Card Number —

Expires — month — year

Signature Allyson M Weinberg

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Allyson M Weinberg

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

260001142198

Contribute to Mike!

120

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
Make checks payable to: Friends of Gabbard

TERRY WHITE
Name
Trinidad CA 95570
Address City State Zip
HOME MAKER
Occupation* Employer*
Phone Cell Phone
Fax E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☒ Other 4,000.00

Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☐ Check ☒ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Terry White
Signature

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

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Tel: (808) 263-2888

2604142199

Send this page to:

Mike Gabbard Congress
305 Hahani Street #183
Kailua, HI 96734

NAME Bernard Wilkinson
EMPLOYER Island Energy Services
OCCUPATION Electrician
ADDRESS _____
CITY KAILUA STATE HI ZIP 96734
HOME PHONE _____
OFFICE PHONE 722-4233
FAX _____

EMAIL _____

Contribution Amount (check or credit card) \$ 1,200.00

Please check one: Contribution for ☒ Primary Election ☐ General Election
(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)

Circle Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit Card Number _____

Expires _____ month _____ year

Signature BBullik

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
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- 5) I am at least 18 years of age.

Signature BBullik

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26044142200

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Please print and fax this page to: 808-261 5331

NAME Simon Williams

EMPLOYER _____

OCCUPATION retired

ADDRESS _____

CITY San Francisco STATE CA ZIP 94112

HOME PHONE _____

OFFICE PHONE _____

FAX _____ EMAIL _____

Contribution Amount (check or credit card) \$ _____

Circle Payment type

Check Visa Mastercard Amex Discover

Credit Card Number _____

Expires _____ month _____ year

Signature _____

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
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Signature S. Williams

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26041142201

Contribute to Mike!

Please include this form with a check and send to:
 Friends of Gabbard. 305 Hahani Street #183 Kailua, HI 96734
 Make checks payable to: Friends of Gabbard

Name Leparis D. Young

Address Waianae, HI 96792

City Retired Engineer State Zip

Occupation* Employer*

Phone 808 695 7036 Cell Phone

Fax E-mail

Amount of Contribution:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other 2000 ^{ea} each

Federal laws limit contributions to \$2,000 per election for each individual.

☐ One time contribution ☐ Recurring contribution 4000 total

Contribution for: ☒ Primary Election ☒ General Election (If less than \$2,000 please check primary election. If over \$2,000 check both primary and general)

Select Payment type: ☒ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number Expiration

☒ I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
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- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Leparis D. Young
 Signature

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